

PAYROLL CHANGE REPORT

Today's Date: <u>6/1/2017</u>	Effective Date: <u>6/26/2017</u>
Hire Date: <u>6/22/2016</u>	Hours Worked: <u>1 Year</u>
Employee's Name: <u>Halima Abikar</u>	
Department: <u>IQF</u>	

CHANGE (\$)		FROM	TO
X	Rate	\$10.25	\$10.75
	Shift Differential		-
	Total	\$10.25	\$10.75

REASON (S) FOR THE CHANGE (S)							
Seniority Increase (Circle One)	3 Month	6 Month	1 Year	18 Month	2 Year	Annual	
Merit Increase (level 2)							
Other-Job Transfer/Promotion Increase							

ADDITIONAL COMMENTS

Authorized by: <u></u> (Department Manager)	Date: _____
Guideline verified: <u></u> (Human Resources)	Date: <u>5-25-17</u>
<u></u> (GM Authorization)	Date: <u>5/25/17</u>

NLW
5-25-17



30-90 Evaluation for Employees in a New Position

Employee Name: <u>Halima Abikar</u>	Department: <u>ITAF</u>
Job Title: <u>Pack out</u>	Hire Date: <u>6-22-16</u>
Supervisor: <u>Matt Heaton</u>	Evaluation Period: <u>1 year</u>

Tasks	Criteria	Acceptable	Needs Improvement	Not-Acceptable
Attendance	• Reports for all scheduled shifts at the scheduled start time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Notifies supervision in advance if unable to report to work as scheduled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	• Effectively exchanges information, written or verbal, with all types of personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Communicates information accurately, timely, and respectfully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Skills and Ability to Learn	• Able to grasp new concepts and applies them to the job	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Demonstrates technical understanding of the job	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Asks questions to confirm understanding of concepts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Quality and Ability to Follow Work Instructions	• Operates systems and equipment properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Follows work procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Follows through on tasks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety and QA-Food Safety Awareness	• Follows all Safety policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Watches out for others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Follows all GMP policies & procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Work and Initiative	• Able to get along with others and help them complete tasks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Does work without being constantly reminded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Fits into the norms and expectations of the organization.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions below:

Employee	Supervisor
Are additional resources/tools needed? <i>N.</i>	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work? <i>N.</i>	If obstacles or barriers exist, what has been done to eliminate them?

For Employees at their 30-Day and 90-Day milestone, please mark one:

- Employee is making progress and meeting performance expectations
- Employee is not making progress and is not meeting performance expectations

Supervisor Comments <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i> <i>Dependable hard worker. Thank You</i>
Employee Comments

This Evaluation has been reviewed with me on this date.

Employee Signature: <i>[Signature]</i>	Date: <i>[Date]</i>
Supervisor Signature: <i>[Signature]</i>	Date: <i>6/17/17</i>

Would this employee be eligible for a wage increase? Yes: *X* No: _____

If Yes, Amount? _____ Approved by: _____ Date: _____

*50d raise
on 6/26/17*